

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Income Life Political Action Committee

ADDRESS (number and street) ▼

3700 S. Stonebridge Drive

☐ Check if different than previously reported. (ACC)

McKinney

TX

75070

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00436899

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M / D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
08 01 2016

through

M M / D D / Y Y Y Y Y Y
08 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Joel Scarborough

Signature of Treasurer

Joel Scarborough

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
09 06 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Income Life Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 08 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y 08 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		76868.93
(b) Cash on Hand at Beginning of Reporting Period.....	77691.77	
(c) Total Receipts (from Line 19)	1744.29	14667.13
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	79436.06	91536.06
7. Total Disbursements (from Line 31)	1500.00	13600.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	77936.06	77936.06
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Income Life Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1568.78	9424.47
(ii) Unitemized	175.51	5242.66
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	1744.29	14667.13
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1744.29	14667.13
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1744.29	14667.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1744.29	14667.13

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	11500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	500.00	2100.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1500.00	13600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1500.00	13600.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1744.29	14667.13
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1744.29	14667.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Income Life Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew Batten

Mailing Address 3702 Clinton Ave

City State Zip Code
 Cleveland OH 44113

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Insurance

Occupation

Director of Agencies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 31 2016

Transaction ID : SA11AI.7654

Amount of Each Receipt this Period

39.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Domenico Bertini

Mailing Address 3194 Darlington Dr

City State Zip Code
 Oaks CA 91360

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Director of Agent Retention

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 31 2016

Transaction ID : SA11AI.7656

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Denise Bowyer

Mailing Address 9312 Atlantic Ave

City State Zip Code
 North Beach MD 20714

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Vice President Public Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1123.84

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 31 2016

Transaction ID : SA11AI.7657

Amount of Each Receipt this Period

140.48

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.10

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Income Life Political Action Committee

Full Name (Last, First, Middle Initial)

A. Phillip Bromagen

Mailing Address 12600 N Rockwell Avenue

City State Zip Code
 Oklahoma City OK 73145

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

831.39

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 31 2016

Transaction ID : SA11AI.7659

Amount of Each Receipt this Period

100.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Rudolph Camenzind

Mailing Address 1869 Lexington Drive

City State Zip Code
 Corona CA 92880

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 31 2016

Transaction ID : SA11AI.7660

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jennifer Cheney

Mailing Address 3609 Pine Avenue

City State Zip Code
 Waco TX 76709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 31 2016

Transaction ID : SA11AI.7662

Amount of Each Receipt this Period

26.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

176.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Income Life Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cynthia Cleary

Mailing Address 13600 E 50th St

City State Zip Code
Kansas City MO 64133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Insurance

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

Transaction ID : SA11AI.7663

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms Diana Crosby

Mailing Address 729 Ceder Rock PKWY

City State Zip Code
Waco TX 76712

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Sr. Vice President AA Adm & Lead Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

Transaction ID : SA11AI.7664

Amount of Each Receipt this Period

101.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Scott Dehning

Mailing Address 2142 Banyon Trail

City State Zip Code
E. Lansing MI 48823

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.56

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

Transaction ID : SA11AI.7665

Amount of Each Receipt this Period

120.44

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

261.78

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 14
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Income Life Political Action Committee

Full Name (Last, First, Middle Initial)

A. George Farenthold

Mailing Address 4501 Connecticut Ave NW
Apt 418

City Washington State DC Zip Code 20008

FEC ID number of contributing federal political committee.

C

Name of Employer
American Income Life

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.41

Date of Receipt

08 / 31 / 2016

Transaction ID : SA11Al.7666

Amount of Each Receipt this Period

30.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms Debra Gamble

Mailing Address 708 Wheatland

City McGregor State TX Zip Code 76657

FEC ID number of contributing federal political committee.

C

Name of Employer
American Income Life

Occupation
Senior VP- Agency

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

786.72

Date of Receipt

08 / 31 / 2016

Transaction ID : SA11Al.7667

Amount of Each Receipt this Period

98.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. James Gentile

Mailing Address 4100 W Eldorado Pkwy

City McKinney State TX Zip Code 75070

FEC ID number of contributing federal political committee.

C

Name of Employer
American Income Life

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

513.00

Date of Receipt

08 / 31 / 2016

Transaction ID : SA11Al.7668

Amount of Each Receipt this Period

85.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

214.72

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Income Life Political Action Committee

Full Name (Last, First, Middle Initial)

A. Frederick Hadayia Jr.

Mailing Address 130 Riviera Dunes Way
#1201

City State Zip Code
Palmetto FL 34221

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Director of Agencies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

Transaction ID : SA11Al.7670

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. David Hall

Mailing Address 1301 Hill Street

City State Zip Code
Van Alstyne TX 75495

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Business Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

Transaction ID : SA11Al.7671

Amount of Each Receipt this Period

25.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Murray Horowitz

Mailing Address 2135 McFarlin Lane

City State Zip Code
Milton GA 30004

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

Transaction ID : SA11Al.7672

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

165.24

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Income Life Political Action Committee

Full Name (Last, First, Middle Initial)

A. Victor Kamber

Mailing Address 10205 Collins Ave
Apt 106

City State Zip Code
Bal Harbour FL 33154

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1723.38

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

Transaction ID : SA11Al.7674

Amount of Each Receipt this Period

215.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms Pamela Miller

Mailing Address 3705 Castle Ave.

City State Zip Code
Waco TX 76710

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Vice President Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

Transaction ID : SA11Al.7677

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Humberto Quintero

Mailing Address 111 E Washington St
Apt #2122

City State Zip Code
Orlando FL 32801

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Director of Agencies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

Transaction ID : SA11Al.7678

Amount of Each Receipt this Period

96.22

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

361.74

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Income Life Political Action Committee

Full Name (Last, First, Middle Initial)

A. Elizabeth Reyer-Corley

Mailing Address 545 Otho Dave Road

City

Lumberton

State

MS

Zip Code

39455

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

315.29

Date of Receipt

M = M / D = D / Y = Y - Y - Y - Y
08 / 31 / 2016

Transaction ID : SA11AI.7681

Amount of Each Receipt this Period

41.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christian Selejan

Mailing Address 3609 Pink Avenue

City

Waco

State

TX

Zip Code

76709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Specialist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

937.13

Date of Receipt

M = M / D = D / Y = Y - Y - Y - Y
08 / 31 / 2016

Transaction ID : SA11AI.7682

Amount of Each Receipt this Period

118.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M = M / D = D / Y = Y - Y - Y - Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

159.18

1568.78

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Income Life Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kelvin L Cobaris

Mailing Address 214 GH Washington St

City	State	Zip Code
Apopka	FL	32703

Purpose of Disbursement
Campaign Contribution

Candidate Name

Kelvin L Cobaris

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 45

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

Transaction ID : SB23.7690

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Leanne Krueger-Brankey

Mailing Address P. O. Box 22

City	State	Zip Code
Swarthmore	PA	19081

Purpose of Disbursement
Campaign Contribution

Candidate Name

Leanne Krueger-Brankey

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: PA District:

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2016

Transaction ID : SB23.7686

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

1000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Income Life Political Action Committee

Full Name (Last, First, Middle Initial)

A. Keith Landry

Mailing Address 5095 Blue Flag St

City	State	Zip Code
Orlando	FL	32811

Purpose of Disbursement
Campaign Contribution

Candidate Name

Keith Landry

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
08	/	19	/	2016

Transaction ID : SB29.7692

Amount of Each Disbursement this Period

500.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
-----	---	-----	---	-------------

Amount of Each Disbursement this Period

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☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

500.00

500.00
